

Community Health Center Claims Extension Policy and Process

Community health centers (CHCs) will be required to submit their Health Safety Net (HSN) claims in HIPAA 837P and/or 837D format for dates of service October 1, 2008 and after in order to receive payment for HSN services. Providers and their vendors are strongly encouraged to begin testing immediately for format compliance, as this is normally the first area of failure when refining the standard format for HSN-specific segment requirements.

If after discussions with your billing office or vendor it is determined that your organization may not be ready to submit files in the 837P and/or 837D format for dates of service October 1, 2008 and after, your organization is required to submit an extension request to the Division of Health Care Finance and Policy.

Extension requests will not be considered unless they include all of the following information:

- The extension request must be submitted in writing and must come from the organization's CEO, CFO or CIO (requests received from the organization's vendor will not be considered)
- Detailed reason(s) behind the need for the extension
- Summary of work completed to date
- Summary of the work that remains
- Timeline for completion of work and the date when your organization will begin submitting 837P / 837D claims

Extension requests should be addressed to: Ronald K. Tam
Health Safety Net, Director
Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA 02116

The Division will review requests received and provide CHCs with a written response. CHCs that are granted an extension must adhere to the following requirements as a condition of their extension approval and in order to receive payment for HSN eligible services:

- Test files should be submitted at least on a weekly basis to enable the Division to partner more closely with you on your progress
- Continued submission of the PRF and MA-9 claim format files
- Submission of an additional file, to document eligibility for each medical visit submitted on the PRF. Specific data and instructions on submitting this additional information will be included in the extension approval letter
- A print out of REVS documenting that the patient who received the medical visit was eligible for HSN services on that date
- CHCs are expected to be ready to transition to 837P / 837D claims immediately upon the expiration of the approved extension period

Please direct all questions regarding this process or your 837P / 837D claims testing to Ben Locke, CHC Claims Liaison at (617) 988-3144 or Ben.Locke@state.ma.us.